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# Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF DEATH

1010

PLACE OF DEATH  
COUNTY Greenlee

DISTRICT  
TOWN Metcalf  
OR CITY

TERRITORIAL INDEX NO.

COUNTY REGISTERED NO. 12

ST. LOCAL REGISTRAR'S NO.

FULL NAME Carmen Garcia

### PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR or RACE White SINGLE Single  
MARRIED  
WIDOWED  
or DIVORCED

DATE OF BIRTH 6 1888  
(Month) (Day) (Year)

AGE 25 yrs. 6 mos. 18 days If less than 1 day  
hrs., or min.

OCCUPATION  
(a) Trade, profession or particular kind of work Barber  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Old Mexico

NAME OF FATHER Florintino Garcia

BIRTHPLACE OF FATHER (State or country) Old Mexico

MAIDEN NAME OF MOTHER Juanita Sotel

BIRTHPLACE OF MOTHER (State or country) Old Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Julius Sotel

(Address) Metcalf Arizona

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL  
Jan 27th 1913

UNDERTAKER ADDRESS  
Coroner W. F. Burns Metcalf Arizona

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1913  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 1-6-13  
1913 to 1-26-13 1913; that I last saw him alive  
on 1-25-13 1913 and that death occurred on the date  
stated above at 1 P.M. The DISEASE or INJURY causing Death  
was as follows:

Kingshot wound.  
suicide  
(Duration) yrs. mos. 20 days

Was disease contracted in Arizona? Yes

If not, when 35

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) J. H. Sotel M. D.  
(Address) Metcalf

\*In deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE  
At place of death yrs. 3 mos. 10 ds. In Arizona 10 yrs. mos. ds.

Former or Usual Residence San Francisco Calif.

Filed January 27th 1913 W. F. Burns Local Registrar

Filed 2/4 1913 Lois Bunt County Registrar.

WRITE PLAINLY IN UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.